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## BIB DATA SHEET

CONFIRMATION NO. 5579

<b>SERIAL NUMBER</b> 10/629,880	<b>FILING or 371(c) DATE</b> 07/29/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 29792-73218		
<b>APPLICANTS</b> Harry Leneau, Jasper, MO; <b>** CONTINUING DATA *****</b> This application is a CIP of 09/860,425 05/18/2001 PAT 6,607,745 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 10/27/2003						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ARADHANA SASAN/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance AS Initials	<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> ICE MILLER LLP ONE AMERICAN SQUARE, SUITE 3100 INDIANAPOLIS, IN 46282-0200 UNITED STATES						
<b>TITLE</b> Ingestion of hyaluronic acid for improved joint health						
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			